EPI-LOG

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FDA Alert On Potentially Dangerous OB/GYN Surgical Devices

On March 14, 2002, the FDA alerted consumers and health care professionals about medical devices labeled as sterile manufactured by A&A Medical of Alpharetta, Ga. and distributed nationally and internationally. The firm also does business as A&A Medical/Rocket USA and LifeQuest. Some of the products manufactured by this company have been labeled and shipped internationally as sterile but in fact may not have undergone any sterilization process. This has the potential of causing death or serious injury such as infection, infertility, and miscarriage. This problem potentially affects product labeled and shipped as sterile since 1999.

This firm manufactures many types of obstetrics and gynecological surgical devices. These devices are used only in the clinical setting during surgical and gynecological procedures. These products include, but are not limited to curettes (flexible and rigid), uterine dilators, e.g. laminaria, endometrial sampling sets, fetal blood samplers, fetal bladder drains, laparoscopy accessories, bone marrow needles, harvesting pumps used in in-vitro fertilization, and aspiration sets.

FDA is urging the company to recall these products and will take the appropriate measures to assure these products are removed as soon as possible. Health care should cease their use immediately. Those seeking additional information may want to contact the company at 1-800-424-1234 or contact the FDA Center for Devices and Radiological Health in Rockville, Md. at 1-800-638-2041. Also additional information may be obtained at: http://www.fda.gov/cdrh/safety/safety031502.html.

Adverse events related to medical devices should be reported to MedWatch, the FDA's voluntary reporting program. You may submit reports to MedWatch one of four ways: online at: http://www.accessdata.fda.gov/scripts/medwatch/ ; by telephone at 1-800-FDA-1088; by fax at 1-800-FDA-0178; or by mail to MedWatch, Food and Drug Administration, HF-2, 5600 Fishers Lane, Rockville, MD 20857.

Reptile-Associated Salmonellosis in King County

Two days after holding a baby albino corn snake at a King County pet store, a 5 year-old child developed an acute illness characterized by fever and diarrhea and was hospitalized for 4 days. *Salmonella* Arizonae (*S.* Arizonae), serogroup S, a type of *Salmonella* never before reported in a King County resident, was isolated from the child's stool. Fecal matter from the corn snake was subsequently cultured and *S.* Arizonae, serogroup S was recovered. The DNA patterns of the two isolates were compared by Pulsed Field Gel Electrophoresis (PFGE) and the isolate from the child and the isolate from the snake were identical.

Many animals shed *Salmonella*, but reptiles and amphibians are particularly at risk for being chronically colonized with *Salmonella*. Also, in contrast to birds which sit up on a perch, reptiles, because of their housing, have frequent contact with their own feces. Antibiotic treatment of reptiles shedding *Salmonella* is not indicated because the animals are rapidly re-colonized and treatment fosters carriage of antibiotic resistant strains. Reptiles are increasingly popular pets in the United States, with an estimated 3% of households owning a reptile. Because they don't breed well in confinement, they are often captured in the wild and imported. The number of reptiles and amphibians imported into the U.S. has increased dramatically since 1986. The fact that a reptile is imported increases the likelihood that it will harbor *Salmonella* serotypes rarely isolated in the U.S. such as Java, Marina, Stanley, Poona, Flint, and Chameleon. Such rare *Salmonella* serotypes are increasingly isolated from humans, reflecting the increase in the number of reptiles as pets.

Public Health has increased surveillance for reptile-associated *Salmonella* cases (RASC) since January 2001 by 1) consistently inquiring about patient contact with reptiles, and 2) collecting environmental and peri-cloacal swabs from implicated reptiles when permitted by the owner. In just over one year of enhanced surveillance, 23 RASC have been identified in King County, approximately 10% of all reported cases of salmonellosis. In collaboration with staff at both King County and Washington State Department of Health (DOH) Laboratories, we examined clinical specimens from 14 implicated reptiles associated with these RASC (see Table 1) and *Salmonella* was isolated from six (some cases had more than one reptile that was tested). In four of these six, the human and the reptile isolates were identical by PFGE. Additionally, in households with more than one reptile, up to 5 serotypes of *Salmonella* were isolated. In addition to the case described above, we have identified three additional cases of salmonellosis in which the reptile in the household was colonized with the identical strain of *Salmonella*:

- A 20 year-old male became infected with *S.* Typhimurium from his red-tailed boa.
- A 3 month-old infant was infected with *S.* Senegal, serogroup F from a high desert tortoise (serogroup F is rarely isolated from humans).

- An 18 month-old infant was infected with *S.* Monschaui from indirect contact with a Mexican milk snake.

Because reptiles can harbor multiple serotypes of *Salmonella* simultaneously and shed these organisms

Table 1. *Salmonella* isolated from reptiles in King County by group & serotype, January 2001 through January 2002*

S. enterica Subspecies	Group	Serotype/ Antigenic Formula
I	B	Typhimurium
	C2	Newport
	F	Senegal
	O	Monschaui
	W	Apapa
IIIa/IIIb	G	1,13,23:g,z51
	S	41:z4,z23
	Y	48:i:z
	Y	48:z4,z24
	Y	48:z4,z32
IV	Z	Flint

*Group and serotype and on one isolate is pending.

intermittently, it's likely that many more RASC cases were caused by the suspect reptiles but the organism was not recovered at the time of culture.

Based on the risk of reptile-associated Salmonellosis and the increased severity of illness, the Centers for Disease Control and Prevention (CDC) recommends that:

1) Children < 5 years of age and immunocompromised persons avoid direct and indirect contact with reptiles,
2) Reptiles should not be kept in households with children < 1 year of age or in childcare programs, and
3) Pet store personnel and reptile owners be aware that reptiles harbor and can transmit *Salmonella* to humans.

More information on reptile-associated *Salmonella* cases in King County is available in the September 2001 edition of the *Epi-Log* available online at: http://www.metrokc.gov/health/providers/.
A review of reptile-associated salmonellosis cases reported nationally between 1996 and 1998 is available online at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4844a1.htm. Educational posters and brochures developed by CDC and the Pet Industry Joint Advisory Council (PIJAC) for use by veterinarians and pet stores on safe pet reptile handling are available by calling 1-800-553-7387. Please contact Shelly McKeirnan at 206-296-4717 if you have questions about this article or salmonellosis.

Re-emergence of Influenza B/Victoria Strain

Of the last 19 specimen submissions from King County sentinel influenza physicians, 3 have been positive for influenza B, and appear to be B/Hong Kong/330/2001-like (B/Victoria/2/87 lineage). Two distinct lineages of influenza B viruses, represented by the reference strains B/Victoria/2/87 and B/Yamagata/16/88 have co-circulated in humans since at least 1983. Between 1992 and 2000, Victoria lineage viruses were detected only in eastern Asia. During the 2000-2001 season, Victoria lineage viruses were detected for the first time in a decade in North America and other countries. The B/Victoria strains have poor cross-reactivity with the current vaccine strains and young children lack exposure to these viruses. Consequently, a B/Victoria-like strain has been recommended for inclusion in the 2002-2003 vaccine.

Though there has been an upsurge in the number of schools reporting excess absenteeism (>10%) in the last two weeks, there has not been an increase in the number of specimens submitted to the King County Lab by sentinel influenza physicians during the same time period. Schools have reported a variety of illnesses as being responsible for the excess absenteeism, including both influenza-like-illnesses and gastrointestinal illnesses. Influenza activity in Washington State as a whole is in decline, with influenza testing, statewide sentinel physician visits and pneumonia/influenza deaths all down from previous weeks. For an update on current influenza activity in King County please see: http://www.metrokc.gov/health/immunization/fluactivity.htm

Disease Reporting

AIDS .....(206) 296-4645
Communicable Disease.....(206) 296-4774
STDs .....(206) 731-3954
Tuberculosis.....(206) 731-4579
24-hr Report Line.....(206) 296-4782

Hotlines:

CD Hotline.....(206) 296-4949
HIV/STD Hotline.....(206) 205-STDS

Past issues of the *Epi-log* can be found at:
www.metrokc.gov/health/providers

Reported Cases of Selected Diseases, Seattle & King County 2002

	Cases Reported in February		Cases Reported through February	
	2002	2001	2002	2001
AIDS	13	67	22	81
Campylobacteriosis	15	22	39	46
Cryptosporidiosis	1	1	4	4
Chlamydial infections	378	294	698	671
Enterohemorrhagic *E. coli* (non-O157)	0	2	0	3
***E. coli* O157: H7**	0	0	1	2
Giardiasis	13	8	37	26
Gonorrhea	139	106	257	267
***Haemophilus influenzae* (cases <6 years of age)**	0	0	0	0
Hepatitis A	4	1	11	3
Hepatitis B (acute)	4	1	5	4
Hepatitis B (chronic)	38	26	67	64
Hepatitis C (acute)	0	1	3	2
Hepatitis C (chronic, confirmed/probable)	144	97	297	205
Hepatitis C (chronic, possible)	34	23	101	53
Herpes, genital	65	69	123	131
Measles	0	7	0	11
Meningococcal Disease	1	1	4	3
Mumps	0	0	0	0
Pertussis	7	0	12	1
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	10	22	19	37
Shigellosis	6	6	8	12
Syphilis	3	7	8	17
Syphilis, congenital	0	0	0	0
Syphilis, late	2	1	4	5
Tuberculosis	2	2	11	14

Alternate formats available upon request.